

INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM TO BE COMPLETED BY:

Agency Staff Referring Client for First Steps Child Care (FSCC) Services and (FSCC) Services Provider

First Steps Child Care Requires The Background Check Process For Any Unlicensed Child Care Provider.

Begin This Process At The Time The Need For Child Care Is Determined.

Background Authorization Instructions

You MUST fill in ALL boxes on this form as instructed. READ the instructions for each Section and each box.

You MUST put an answer in the box. You can put NO, NOT APPLICABLE (N/A), OR NONE— except BOX number 3 –

DON'T answer any question by putting UNKNOWN or a QUESTION MARK in the box. If you do, the form will be sent back and the process will be delayed.

Print clearly with black ink.

Read each question carefully.

Child Care Provider: Complete and sign Section 2 of this form and return to client.

Client: Give the form to agency staff who is referring you for child care.

Referring Staff: Review for completeness and FAX to FSCC.

Most background authorization forms are sent back for the following reasons:

- *Wrong form.*
- *Blank boxes.*
- *Bad handwriting*
- *Missing or wrong BCCU account number.*
- *Date signed is older than three (3) months from the date BCCU received the form.*

SECTION 1: This section must be completed by the agency staff making the referral for FSCC. An entity may be a facility, business, organization, or agency such as a Nursing Home, a Rehabilitation Center, or a DSHS Office.

1. A. First Steps Child Care: Enter **name** and **phone** number of referring agency staff.

B. First Steps Child Care: Enter **agency** name and **FAX** number

C. First Steps Child Care: Leave blank

2. FIRST STEPS CHILD CARE: Enter client name and signature as person asking for the background check. (The person who is being checked signs in Box 19.)

3. First Steps Child Care: Leave all sections blank.

4. First Steps Child Care: Enter **11003134** in this box.

5. First Steps Child Care: Put **N/A** in Boxes 5 A & 5 B

SECTION 2: First Steps Child Care: *You MUST fill out this section:*

6. Enter **SSN**. *You must have a valid SSN to be paid for FSCC.*

7. **You MUST** fill in your date of birth.

8A. **You MUST** put your whole name. If you do not have a name to put in this box, **you MUST** enter **NONE**.

EXAMPLE

Print Your Last Name As It Is Now :	Print Your First Name As It Is Now:	Print Your Middle Name As It Is Now:
<i>None</i>	<i>Prince</i>	<i>None</i>

8B. **You MUST** put your whole birth name. **You MUST** put **SAME** if any of your names are the same as the names you put in box 8A.

9. **You MUST** put last names you have used or have been known by. **You MUST** put **NONE** if you have NOT used or been known by any other last names.

10. **You MUST** put any nicknames you have used. **You MUST** put **NONE** if you have NOT used any nicknames.

11. **You MUST** answer **YES** or **NO**. If your answer is **YES** to A. or B., **you MUST** fill in your conviction and pending charge information.

12. **You MUST** answer **YES** or **NO**.

13. **You MUST** answer **YES** or **NO**.

14. **You MUST** answer **YES** or **NO**. Put **YES** if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.

15. **You MUST** put your driver's license or state identification number in the box. **You MUST** put the name of the state in the box. **You MUST** put **NONE** if you do not have a driver's license or state identification number.

16. **You MUST** put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, **you MUST** start counting the years and months from the date you moved back to Washington State. **Note: You MUST** ask your program if you have to get a fingerprint check.

17A. **You MUST** fill in the address where you live now.

17B. Enter old address.

17C. **You Must** enter phone number.

18. **You MUST** read the statement in this box. Your signature under number 19 means you have read and agree to the statements in number 18. This background authorization form does NOT take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken a legal action against someone after an investigation and notice of a decision about abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.

19. **You MUST** sign your name here. **If you are NOT 18 years old, you can't be paid for FSCC.**

20. **You MUST** fill in the date you sign this form.